



# NEIGRIHMS GMYNASIUM

## Registration Form

(Faculty/ Officer/ Staff)

Passport Size  
Photo

**Full Name (In Capital Letters):**


**Date of Birth:** (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Gender (M/F):**

**Address with pincode (In Capital Letters):**


**Contact Number:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Email ID:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Designation:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Details of Family Members Interested for Registration**

Sl. No	Name	Age	D.O.B	Gender(M/F)	Relationship

**N.B:** Please attached separate photographs for all the members along with the Payment Receipt.

**Health Information:** Any medical conditions or allergies we must be aware of? Yes [ ] No [ ]  
If yes, please specify:

--

<b>Membership Fees:</b>	<b>Per Month</b>	<b>Six Months</b>	<b>One Year</b>
	₹350	₹1800	₹3600

<b>Membership Duration:</b>	<b>One Month</b>	<b>Six Months</b>	<b>One Year</b>

<b>Payment Mode:</b> (Attached Details)	<b>Cash</b>	<b>Bank Transfer</b>
		<b>Account Number</b>
	A/C No 30270100011038 IFSC BARB0MAWDIA Name of A/C Institute's Sports Committee	

**In case of Emergency Contact Details:-**

Name:
Address:
Relationship:
Contact Number:

**Place:**

**Dated:** \_\_\_\_\_ **Signature**

<b>FOR OFFICE USE ONLY</b>
----------------------------

**Registration Number:**

**Recipient Signature:**

**Competent Authority Signature:**